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| PETITION FOR EXTENSION OF TIME UND  |   |  |  | ER 37 CFR 1.136(a)              |                         | Docket Number (Optional)<br>700157-048012 |            |                                       |  |
|---|---|--|--|---------------------------------|-------------------------|---|------------|---------------------------------------|--|
| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]  I hereby certify that this correspondence is being facsimile transmitted to the USPTO at (571) 273-8300, on October 19, 2006.                 |   |  | In re Application of David E. Fisher                                     |                                 |                         |   |            |                                       |  |
|   |   |  | Application Number 09/229,283  |                                 |                         | Filed                                     | 01/13/1999 |                                       |  |
|   |   |  | For USE OF MICROPHTHALMIA FOR DIAGNO PROGNOSIS AND/OR TREATMENT OF MELAN |                                 |                         |   | S,         |                                       |  |
| Signature Sind Willelle State Clay  |   |  |  |                                 |                         |   |            |                                       |  |
| Name: Tina-Michelle Pittsley  |   |  | Group Art Unit<br>1642   |                                 | Examiner<br>Susan Ungar |   |            |                                       |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |   |  |  |                                 |                         |   |            |                                       |  |
| The requested extension and appropriate entity fee are as follows (check time period desired):  |   |  |  |                                 |                         |   |            |                                       |  |
|   |   | One month (37 CFF                                  | R 1.17   | (a)(1)) - (\$60/\$120)          |                         |   | \$         |                                       |  |
|   |   | Two months (37 CF                                  | R 1.   | 7(a)(2)) - (\$225/\$450)        |                         |   | \$         |                                       |  |
|   | <b>I</b>  | Three months (37 C                                 | FR 1   | 17(a)(3)) - (\$510/\$1020)      |                         |   | \$         | 510.00                                |  |
|   |   | Four months (37 CF                                 | R 1.   | 7(a)(4)) - (\$795/\$1590)       |                         |   | \$         |                                       |  |
|   | Ö   | Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)  |  |                                 |                         |   | \$         |                                       |  |
| Applicant claims small entity status.   |   |  |  |                                 |                         |   |            |                                       |  |
|   | A check   | to cover the fee is enclosed.                      |  |                                 |                         |   |            |                                       |  |
|   | Paymer  | Payment by credit card. Form PTO-2038 is attached. |  |                                 |                         |   |            |                                       |  |
| ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.   |   |  |  |                                 |                         |   |            |                                       |  |
| Ø   | The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380  I have enclosed a duplicate copy of this sheet. |  |  |                                 |                         |   |            |                                       |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                      |   |  |  |                                 |                         |   |            | uld not be                            |  |
| I am the ☐ applicant/inventor   |   |  |  |                                 |                         |   |            |                                       |  |
|   | assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |  |  |                                 |                         |   |            |                                       |  |
| attorney or agent of record.  |   |  |  |                                 |                         |   |            |                                       |  |
|   | Registration number if acting under 37 CFR 1.34(a)  October 19, 2006  |  |  |                                 |                         |   |            |                                       |  |
| -   |   | Signatur   | е  |                                 | October, I              | 9, 2006<br>Date                           |            | <del></del>                           |  |
| į   | Ronald I.   | Eisenstein (Reg. No. 30<br>Typed or printe         |  | eena H. Karttunen (L0207)<br>me | (617) 345-<br>T         | <u>6054/1367</u><br>elephone Nu           | mber       | · · · · · · · · · · · · · · · · · · · |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |   |  |  |                                 |                         |   |            |                                       |  |
| Total of forms are submitted  |   |  |  |                                 |                         |   |            |                                       |  |

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